



Casper Children's Center

Advance Beneficiary Notice of Noncoverage (ABN)

Your insurance company may not pay for some of the medically necessary care that you receive from Casper Children's Center.

We expect that your insurance company may not pay for the item(s) listed below.

UNCOVERED SERVICE	WHY IT'S NECESSARY	COST

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the care listed above.

OPTION 1. I want the care listed above. You may bill by insurance but, if my insurance doesn't pay, I am responsible for payment. If my insurance does pay, CCC will refund any payments I made to you, less co-pays or deductibles.

OPTION 2. I want the care listed above, but do not bill my insurance. I will pay for the care.

OPTION 3. I don't want the care listed above. I understand CCC thinks this care is medically necessary, and I understand and accept the risk of harm that may occur as a consequence of my choice.

Signing below means that you have received and understand this notice. You may also receive a copy.

Signature

Date